

Work Order ID 106921

September-11-13 11:53:21 AM

106921

Ship Wednesday
Page 1

Item ID: D4006-041

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Tank Top Support Assembly 3

Start Date: 9/11/13 Start Qty: 2.00

2

Cust Item ID:

Required Date: 9/11/13 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-09-11

Tooling:

Date:

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
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D4006	B
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100 0.00

100

Small Fab

Memo 0.00

Small Fab Assemble as per dwg D4006

3X 8/3/09/16

110 0.00

110

QC

Quality Control

DAS

27

9-89

0.00 13-9-16

3

120 0.00

120

Powdercoat

Powder Coating

Gloss Grey (4.3.5.15) per QSI 005 4.3

Memo 0.00

Start Time: 8:30

Oven Temperature: 320°F

Finish Time: 9:00

3X 8/13/09/17

W118533

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear	General											
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>			Grain <input type="checkbox"/>			Ovalized <input type="checkbox"/>				Pressure/Forced <input type="checkbox"/>
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>			Hardware <input type="checkbox"/>			Over/Under tolerance <input type="checkbox"/>				Temperature/Cure <input type="checkbox"/>
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>			Inspection Incomplete <input type="checkbox"/>			Part Incorrect <input type="checkbox"/>				Weld <input type="checkbox"/>
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>			Instructions Incomplete/Unclear <input type="checkbox"/>			Part Lost/Missing <input type="checkbox"/>				Wrong Stock Pulled <input type="checkbox"/>
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>			Maintenance <input type="checkbox"/>			Part Moved <input type="checkbox"/>				
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>			Mislabeled <input type="checkbox"/>			Positioned Wrong <input type="checkbox"/>				
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>			Misread <input type="checkbox"/>			Power Loss/Surge <input type="checkbox"/>				Other <input type="checkbox"/>
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>			Offset <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>			Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>			Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>			Outside Dimensions <input type="checkbox"/>							

**Work Order ID 106921**

September-11-13 11:53:21 AM

106921

Page 2

Item ID: D4006-041

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Tank Top Support Assembly

Stop

NS2

Start Date: 9/11/13 Start Qty: 2.00

2

Cust Item ID:

Required Date: 9/11/13 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

QC3- Inspect Part Finish

0.00

130

QC

Quality Control

3x 1 11/13/17

140

140

HandFinish

Hand Finishing

Memo

0.00

*3x 1 11/13/17*1- Apply glue and install Foam as per dwg
3M 1300L Batch: *M124297*
2- Install anchor nuts as per dwg

150

150

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

*AS
21
6*

0.00

*139-17**3*

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear Bending Centre Not Concentric to O/S Cracks Crushed/Crimped Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				General Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/>				Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>				Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>		Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/>	
												<input type="checkbox"/>			

**Work Order ID 106921**

September-11-13 11:53:21 AM

106921

Page 3

Item ID: D4006-041

Accept

N900040100

Setup

Start ***NS1***

Revision ID:

Item Name: Tank Top Support Assembly

Stop

NS2Start Date: 9/11/13 Start Qty: 2.00 ***2***

Cust Item ID:

Required Date: 9/11/13 Req'd Qty: 2.00 ***2***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

160

Identify as per dwg & Stock Location: 51342

0.00

160

Packaging

Packaging

3

04
33
13-09-17

170

QC21- Final Inspection - Work Order Release

0.00

170

QC

Quality Control

Memo

0.00

10/10/13/09/1910/10/13/09/19

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																																						
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>																							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector																														
Doc/Data																																												
Equip/Tooling																																												
Operator																																												
Material																																												
Setup																																												
Other																																												
Process																																												
Supplier																																												
Training																																												
Unapproved																																												
FAULT CATEGORY																																												
Landing Gear				General																																								
				Bending <input type="checkbox"/>	Centre Not Concentric to O/S <input type="checkbox"/>	Cracks <input type="checkbox"/>	Crushed/Crimped <input type="checkbox"/>	Cuffs <input type="checkbox"/>	Heat Treat <input type="checkbox"/>	Inspection Strip in Tube <input type="checkbox"/>	Ripples in Bend <input type="checkbox"/>	Torque Waves in Extrusion <input type="checkbox"/>	Turning Sequence <input type="checkbox"/>	Wave/Twist in Tube <input type="checkbox"/>	Bend <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Burrs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Countersink <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Drawing <input type="checkbox"/>	Finish <input type="checkbox"/>	Folio <input type="checkbox"/>	Grain <input type="checkbox"/>	Hardware <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Misread <input type="checkbox"/>	Offset <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>

Picklist Print

September-11-13 11:53:20 AM

Page 1

Work Order ID: 106921

Parent Item: D4006-041

Parent Item Name: Tank Top Support Assembly

Start Date: 9/11/13

Required Date: 9/11/13

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP rev A 09.12.18 new issue Prelim EC verified by:DD IPP Rev:B 10.05.03 as per ECN10-562 DD verified by:EC
IPP Rev:C 10.07.12 added type of glue DD verf:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4006-1 Angle		Manufactured	No			100	Each	11.0000	1	2	3	3/06/16	
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				GA			11						
					100362		8						
					101182		3						
D4006-3 Channel		Manufactured	No			100	Each	8.0000	2	4	3	3/09/16	
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				ST083			8						
					100437		8						
D4006-5 Foam		Manufactured	No			140	Each	3.0000	1	2	6	3/09/17	
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				ST083			3						
					87707		3						
MS20426AD3-4 RIVET		Purchased	No			140	Each	15,382.000	4	8	3	3/09/17	
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				ST334			85						
					123164		85						
				ST505			7177						
					104374		12						
					123021		12						
					124814		7153						
				ST509			8120						
					124586		120						
					125578		8000						

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS							
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>					
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Doc/Data	<input type="checkbox"/>												
Equip/Tooling	<input type="checkbox"/>												
Operator	<input type="checkbox"/>												
Material	<input type="checkbox"/>												
Setup	<input type="checkbox"/>												
Other	<input type="checkbox"/>												
Process	<input type="checkbox"/>												
Supplier	<input type="checkbox"/>												
Training	<input type="checkbox"/>												
Unapproved	<input type="checkbox"/>												
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
												<input type="checkbox"/> Other	

Picklist Print

September-11-13 11:53:20 AM

Page 2

Work Order ID: 106921

Parent Item: D4006-041

Parent Item Name: Tank Top Support Assembly

Start Date: 9/11/13

Required Date: 9/11/13

MS20470AD4-5
RIVET, UNIVERSAL HEAD

Purchased No

100 Each 417.0000

8

16

16
13/09/16

Start Qty: 2.00

Required Qty: 2.00

MS21059L4
Nutplate

Purchased No

140 Each 82.0000

2

4

24
4
13/08/17

Location Loc Qty Loc Code

ST336 417

125654 417

Location Loc Qty Loc Code

GA 61

125535 61

ST316 21

122441 6

123900 15

NCR: Yes / No

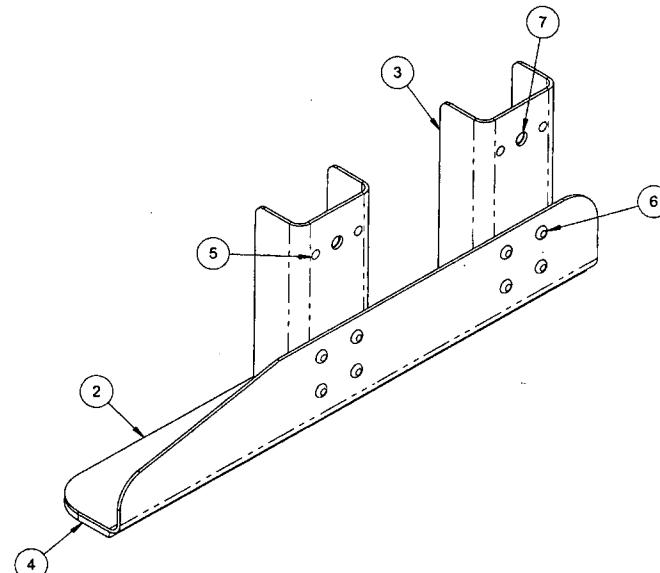
WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
				Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>				
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>					
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					

ITEM NO.	QTY. -041	PART NUMBER	DESCRIPTION	JOHN CAMERON AVIATION PART NUMBER
1	X	D4006-041	TANK TOP SUPPORT ASSEMBLY	JCA-M47-2-01
2	1	D4006-1	ANGLE	
3	2	D4006-3	CHANNEL	
4	1	D4006-5	FOAM	
5	4	MS20426AD3(-4)	RIVET	
6	8	MS20470AD4(-5)	RIVET	
7	2	MS21059-4	ANCHOR NUT	



D4006-041 TANK TOP SUPPORT ASSEMBLY

106921 MJS
13-09-11

RELEASED
2012-03-02
JW

A NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: POWDER COAT "ANSI 61 GREY" (4.3.5.15) PER DART QSI 005 4.3 B
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.48 lbs

B	CHANGE POWDER COAT FROM "GREY SANTEX" TO "ANSI 61 GREY", ZN A7-1.	DC	12.02.28
A	NEW ISSUE	AS	10.02.05
REV.	DESCRIPTION	BY	DATE
DESIGN	<i>AB</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	<i>DC</i>	DRAWING NO.	
CHECKED	<i>AB</i>	REV. B	
MFG. APPR.	<i>EZ</i>	D4006	SHEET 1 OF 6
APPROVED	<i>AB</i>	TITLE	SCALE
DE APPR.	<i>AB</i>	UPPER RESTRAINT	NTS
DATE	12.02.28	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PROPRIETARY AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	